



Medicaid Premiums and Cost Sharing

State Name: Iowa

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Cost Sharing Amounts - Categorically Needy Individuals**G2a**1916
1916A
42 CFR 447.52 through 54The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Yes

Services or Items with the Same Cost Sharing Amount for All Incomes

	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	
+			\$	Other		X

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: Generic & preferred brand name drugs

Remove Service
or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X
+	50% FPL	No upper limit	1.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X

Service or Item: Non-preferred brand-name drugs for which the cost to the State is \$25.01 to \$50

Remove Service
or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	50% FPL	No upper limit	2.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X
Service or Item: <u>Non-preferred brand-name drugs for which the cost to the state is \$50.01 or more</u>							Remove Service or Item
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X
+	50% FPL	No upper limit	3.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X
Service or Item: <u>Chiropractor services</u>							Remove Service or Item
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X
Service or Item: <u>Physical therapy</u>							Remove Service or Item
Indicate the income ranges by which the cost sharing amount for this service or item varies.							
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X
Service or Item: <u>Podiatrist services</u>							Remove Service or Item



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Ambulance services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Audiologist services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Hearing aid dealer

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Medical equipment, appliances, prosthetic devices, and sickroom supplies

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Optician services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Optometrist services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Orthopedic shoes

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Psychologist services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Rehabilitation agency services

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Hearing aids

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0%	50% FPL	0.00	\$	Other		X
+	50% FPL	No upper limit	1.00	\$	Other	Dually eligible (Medicare and Medicaid) members must make a copayment for each Medicare Part B (crossover) claim submitted to Medicaid, for services for which Medicaid otherwise collects a copayment.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0%	50%	0.00	\$	Visit		X
+	50%	No upper limit	3.00	\$	Visit	Copayment charged for nonemergency services when provided in a hospital emergency room.	X

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.



Medicaid Premiums and Cost Sharing

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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